



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2003 Rate Codes - Eval & Mgmt

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Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2003	EFFDATE
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$36.54	1-Jun-2000
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$61.40	1-Apr-2001
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$90.66	1-Apr-2001
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$131.56	1-Apr-2001
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$166.13	1-Apr-2001
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$19.59	1-Apr-2001
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$35.52	1-Apr-2001
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$49.93	1-Apr-2001
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$77.91	1-Apr-2001
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$115.90	1-Apr-2001
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PH	\$68.78	1-Apr-2001
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$70.27	1-Apr-2001
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$116.23	1-Apr-2001
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$159.58	1-Apr-2001
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$71.02	1-Apr-2001
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$116.61	1-Apr-2001
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$159.51	1-Apr-2001
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$35.66	1-Apr-2001
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$56.92	1-Apr-2001
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$80.88	1-Apr-2001
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$135.02	1-Apr-2001



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PROC	DESCRIPTION	RATE2003	EFFDATE
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$180.17	1-Apr-2001
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$222.46	1-Apr-2001
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$68.34	1-Apr-2001
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$91.13	1-Apr-2001
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$49.23	1-Apr-2001
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$88.83	1-Apr-2001
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$117.18	1-Apr-2001
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$166.13	1-Apr-2001
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$217.30	1-Apr-2001
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$42.15	1-Apr-2001
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$77.22	1-Apr-2001
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$104.13	1-Apr-2001
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$147.39	1-Apr-2001
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$201.73	1-Apr-2001
99261	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT, WHICH REQUIRES AT L	\$26.18	1-Apr-2001
99262	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES AT LE	\$48.56	1-Apr-2001
99263	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES AT LE	\$71.32	1-Apr-2001
99271	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$42.31	1-Apr-2001
99272	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$66.29	1-Apr-2001
99273	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$89.37	1-Apr-2001
99274	CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONEN	\$121.60	1-Apr-2001



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PROC	DESCRIPTION	RATE2003	EFFDATE
99275	CONFIRMATORY CONSULTATION FOR A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS	\$155.66	1-Apr-2001
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$18.65	1-Apr-2001
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$30.44	1-Apr-2001
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$64.48	1-Apr-2001
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$100.32	1-Apr-2001
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$156.81	1-Apr-2001
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$42.00	1-Jun-2000
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED	\$216.84	1-Apr-2001
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR UNSTABLE INJURED	\$109.35	1-Apr-2001
99293	INITIAL PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS OF	\$798.20	1-Apr-2003
99294	SUBSEQUENT PEDIATRIC CRITICAL CARE, 31 DAYS UP THROUGH 24 MONTHS	\$394.38	1-Apr-2003
99295	INITIAL NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$826.51	1-Apr-2001
99296	SUBSEQUENT NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$412.45	1-Apr-2001
99297	SUBSEQUENT NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$206.63	1-Apr-2001
99298	SUBSEQUENT NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$144.79	1-Apr-2001
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$130.76	1-Apr-2003
99301	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING AN ANNUAL NURSING FACILITY CARE	\$63.81	1-Apr-2001
99302	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSING FACILITY CARE	\$84.31	1-Apr-2001
99303	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSING FACILITY CARE	\$108.17	1-Apr-2001
99311	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$33.02	1-Apr-2001
99312	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.15	1-Apr-2001



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99313	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$74.04	1-Apr-2001
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$60.77	1-Apr-2001
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS MORE THAN 30 MINUT	\$79.01	1-Apr-2001
99321	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$43.55	1-Apr-2001
99322	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$63.97	1-Apr-2001
99323	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$84.01	1-Apr-2001
99331	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$39.74	1-Apr-2001
99332	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$51.89	1-Apr-2001
99333	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$63.97	1-Apr-2001
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$61.12	1-Apr-2001
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$89.47	1-Apr-2001
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$133.79	1-Apr-2001
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$172.97	1-Apr-2001
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$209.84	1-Apr-2001
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$48.13	1-Apr-2001
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$75.41	1-Apr-2001
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$115.64	1-Apr-2001
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$168.86	1-Apr-2001
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$117.70	1-Apr-2001
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$112.10	1-Apr-2001
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-	\$93.03	1-Apr-2001



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99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-	\$93.78	1-Apr-2001
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FACE-TO	BR	1-Jan-1994
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FACE-TO	BR	1-Jan-1994
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN	BR	1-Jan-1994
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI	\$41.00	1-Jul-2000
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM APPROXIMATELY 60 M	\$90.00	1-Jul-2000
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	BR	1-Jan-1992
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	BR	1-Jan-1992
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	BR	1-Jan-1992
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$93.23	1-Apr-2002
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$94.78	1-Jun-2000
99377	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPL	\$93.23	1-Apr-2002
99378	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPL	\$102.26	1-Jun-2000
99379	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIR	\$92.83	1-Apr-2002
99380	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIR	\$125.15	1-Apr-2002
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$88.45	1-Jun-2000
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$101.18	1-Jun-2000
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$101.18	1-Jun-2000
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$113.92	1-Jun-2000
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$106.84	1-Jun-2000
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$130.90	1-Jun-2000



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99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$143.28	1-Jun-2000
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL	\$76.06	1-Jun-2000
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$88.45	1-Jun-2000
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$88.45	1-Jun-2000
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$101.18	1-Jun-2000
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$95.17	1-Jun-2000
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$106.84	1-Jun-2000
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE	\$119.23	1-Jun-2000
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$33.24	1-Jun-2000
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$66.48	1-Jun-2000
99403	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$99.73	1-Jun-2000
99404	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$132.97	1-Jun-2000
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$12.36	1-Jun-2000
99412	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL	\$20.19	1-Jun-2000
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH RISK ASSESSMENT)	BR	1-Jan-1992
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	BR	1-Jan-1992
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES	\$68.63	1-Apr-2001
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING PREPARATION FOR DELIVERY	\$95.69	1-Apr-2001
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NEWBORN, INCLUDING THE PREPARATION FOR DELIVERY	\$36.39	1-Apr-2001
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION FOR DELIVERY	\$90.95	1-Apr-2001
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL STABILIZATION	\$91.70	1-Apr-2001
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS	\$171.10	1-Apr-2001



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99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSIC	BR	1-Jan-1995
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	1-Jan-1992